

OTBUSTED DETAILS

UTILITY PATENT

Attorney Docket APPLICATION 2132.050 TRANSMITTAL FIRST NAMED INVENTOR

TRANSMITEAL
OR APPLICATION LETTER

for nonprovisional applications under 37 CFR 1.53(b) Inventor <u>Jackowski et al</u>

TITLE: BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 2753 DALTONS
EXPRESS MAIL LABEL NO: US608094597US
Assistant Commissioner for Patents APPLICATION ELEMENTS

(See MPEP chapter 600 concerning utility patent appln.)	Box Patent Application
	Washington, D.C. 20231
	6. Microfiche Computer Program (Appendix)
(Submit an original, and a duplicate for fee pr	
	7. Nucleotide and/or Amino Acid Sequence Submission
(preferred arrangement set forth below)	(if applicable, all necessary)
-Descriptive title of the Invention	a Computer Readable Copy
-Cross References to Related Applications	b Paper Copy (Identical to computer copy)
-Statement Regarding Fed sponsored R&D -Reference to Microfiche Appendix	c Statement verifying identity of above copies
-Background of the Invention	ACCOMPANYING APPLICATION PARTS:
-Brief Summary of the Invention	8 Assignment Papers (copy)
-Brief Description of the Drawings (if filed)	 37 CFR 3.73(b) Statement Power of Attorney
-Detailed Description	English Translation Document (if applicable)
-Claim(s)	11 Information Disclosure Copies of IDS
-Abstract of the Disclosure	Statement (IDS)/PTO-1449 Citations
3. X Drawing(s) (35 USC 13) 2 New Sheets	12 Preliminary Amendment
4. X Decl./Pow. of Att. 2 Total pages (COPY)	13. X Return Receipt Postcard (MPEP 503)
	 Small Entity(2) Statement filed in prior
for C-I-P application)	(Unsigned) Statement(s) Application
 b. Copy from a prior appln. (37 CFR 1. 	.63(d))
(for continuation/divisional with Box 17 com-	pleted)
[Note Box 5 Below]	15 Certified Copy of Priority Document(s)
I Deletion of Inventor(s)	(If foreign priority is claimed)
Signed statement attached deleting	16. Other:
inventor(s) named in the prior applica	tion,
see 37 CFR 1.63(d)(2) and 1.33(b)	
Incorporation By Reference (useable if Box 4	b is checked)
The entire disclosure of the prior application,	from which a
copy of the Oath or Declaration is supplied up	nder Box 4b,
is considered as being part of the disclosure o	f the
accompanying application and is hereby inco	rporated
by reference therein.	
17. If a CONTINUING APPLICATION, check app	ropriate box and supply the requisite information:
Continuation Divisional Continuation	on-in-part (CIP) of prior application No.
	SPONDENCE ADDRESS
Customer Number or Bar Code Label c	or X Correspondence address below
(Insert Customer No. Or Attach ba	ar code label here) (Xyst. #219/V7
NAME: Michael A. Slavin	
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ADDRESS: 4440 PGA Blvd., Suite 402	
CITY: Palm Beach Gardens ST	ATE: FL ZIP CODE: 33410
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SEND TO: Assistant Commissioner for Patent	ts. Box Patent Application, Washington, DC 20231

FEE TRANSMITTAL for FY2001 Application Number: N/A Filing Date : N/A First Named Inventor: Jackowski et al Date: 04/30/01 Group Art Unit : N/A Examiner Name : N/A Total Amount DUE: \$ 355.00 Attorney Docket No. 2132.051 METHOD OF PAYMENT (check one) FEE CALCULATION (continued) The Commissioner is hereby authorized to charge 3. ADDITIONAL FEES: the filing fees and any additional fees to: Deposit: Large Entity Small Entity Account No. Fee Fee Fee Fee FEE DESCRIPTION Deposit Code (\$) Code (\$) 65 Surcharge - late filing fee/oath Account Name: 105 130 205 Applicant claims small 127 50 227 Surcharge - late provisional Charge any additional Fee required under entity status, See, 37 CFR filing fee or cover sheet. 37 CFR 1.15 and 1.17 139 139 Non-English specification 130 130 147 2520 147 For filing a Request, for Exam, 2. X Payment Not submitted 920* 112 920* Req. publication of SIR prior Check Money Order Other Examiner Action FEE CALCULATION 215 Extension - first month 110 1. FILING FEE 116 400 216 200 Extension - second month 117 950 217 475 Extension - third month 10 Large Entity Small Entity 118 1510 218 755 Extension - fourth month 2060 Extension - fifth month Fee Fee Fee FEE DESCRIPTION/FEE PAID 128 228 1030 Code (\$) Code (\$) 119 310 219 155 Notice of Appeal 101 710 201 355 Utility filing fee <u>355</u> 120 310 220 155 Brief in support of Appln. 106 320 206 160 Design filing fee 21 270 221 Req. for Oral Hearing 107 490 207 245 Plant filing fee 138 1510 138 1510 Petition to Institute Public 355 Reissue filing fee 108 710 208 Use Proceeding 114 150 214 75 Provisional filing fee 140 110 240 55 Pet, to revive - unavoidable SUBTOTAL(1) \$355.00 141 1320 241 Pet. To revive - unintentional Fee from 142 1320 242 Utility Issue Fee 2 CLAIMS Extra below Fee Paid 450 Design Issue Fee 143 243 225 Total Claims 2 20 = -3 - x + 9 = \$ -0 -670 Plant Issue Fee 144 244 335 Independent 1 - 3 = -0 - x + 40 = \$ -0 -122 130 122 130 Petitions to Commissioner Multiple Dep 0 123 50 123 60 Petitions re: Provisional Claims 126 240 126 Sub. Of Infor. Discl. Stm. Large Entity Small Entity 581 40 581 40 Record. Patent Assign. Fee Fee Fee Fee FEE DESCRIPTION Per property Code (\$) Code (\$) 146 290 246 395 Filing a Submission After 103 22 203 11 Claims in excess of 20 Final rejection (37 CFR .129(a) 102 82 202 41 Ind. Claims in excess of 3 149 790 395 For each addnl. invention 249 104 270 204 135 Mult. Dependent claim to be examined (37 CFR 1.129(b) 109 82 209 Reissue Independent Claims over Original Patent Other fee (specify) 110 22 210 11 Reissue Claims in excess Other fee (specify) ___ 20 and over original patent FEE SUBTOTAL(2) \$ 355.00 *Reduced by Pasic filing fee SUBTOTAL(3) SUBMITTED BY: Michael A. Slavin Typed or printed Namez Reg. No. __34,016 Date: 04/30/01 Dep. Acct.:

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CERTIFICATE OF EXPRESS MAIL

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I HEREBY CERTIFY that the following correspondence: UTILITY APPLICATION
TRANSMITTAL; FEE CALCULATION SHEET; APPLICATION, INCLUDING CLAIMS; 2 SHEETS
OF DRAWINGS; DECLARATION/POWER OF ATTORNEY (unsigned); Mail Mailing Certificate;
RETURN-RECEIPT postcard; regarding the Application entitled: BIPOLAR MARKER INDICATIVE
OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 2753 DALTONS.

Commissioner of Patents & Trademarks Box Patent Application Washington DC 20231

on APRIL 30, 2001

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code.

MCHALE & SLAVIN, P.A. 4440 PGA BLVD. SUITE 402 PALM BEACH GARDENS, FL 33410 (561) 625-6575 Cathy Nicholson Legal Assistant